

# Assisted

# Living



## 2012 RESIDENT PROFILE SURVEY RESULTS

State of New Jersey  
Department of Health

Division of Health Facilities  
Evaluation and Licensing

September 2013





**State of New Jersey**  
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*Commissioner*

**TO:** Administrators of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs

**FROM:** Barbara Goldman, R.N., J.D.   
Assistant Director, Office of Certificate of Need and Healthcare  
Facility Licensure, Health Facilities Evaluation and Licensing

Andrew D. Benesch, Health Data Specialist I **ADB**

**DATE:** October, 2013

**SUBJECT:** The Assisted Living Resident Profile Survey Results for 2012

Enclosed is a copy of a report containing the results of the Assisted Living Resident Profile Survey (ALRPS) for the year 2012. This report contains information concerning assisted living residents and assisted living program participants in New Jersey. The issues addressed are source of admission, discharge destination, reason for discharge, activities of daily living (ADL) needs, medication administration needs, cognitive task needs, age, gender, need to care for spouse, Medicaid coverage, length of stay, resident census, special services (respite, hospice, behavioral management, and other), resident contractual information, and staffing (overall and CMA). We believe that you will find this information useful in determining how your facility compares with the statewide average for each of these measures.

The 96% compliance rate with the requirement to submit the Resident Profile Survey for 2012 was 2% lower than in the previous two years. The Department of Health (Department) urges those facilities that did not comply this year to do so in the future and would like to thank all compliant facilities for completing and submitting the survey for 2012. In addition, the Department appreciates the collaborative effort of staff of the New Jersey Hospital Association as well as representatives of the Health Care Association of New Jersey and LeadingAge New Jersey in working with the facilities to complete the survey. If you have any questions, concerns, or comments on the report, you may contact Mr. Andrew Benesch, Health Data Specialist I at (609) 633-9042. Thank you.

## Introduction

The Department of Health (DOH) defines assisted living as “a special combination of housing, personalized support services and health care designed to accommodate those who need help with the activities of daily living (ADLs) but may not require the type of care provided in a nursing home.”<sup>1</sup>

This report summarizes the results of the *Assisted Living Resident Profile Survey (ALRPS)*, which includes a facility characteristics profile, an in-house resident profile, a respite resident profile and a discharged resident profile.

- **Facility Characteristics Profile** – Requests basic facility data (e.g. name, address and phone number) as well as programmatic information.
- **In-house Resident Profile** – Collects data for residents who were still residing at the assisted living facility as of Dec. 31. Providers are asked to submit information for each resident pertaining to demographics, source of admission and resident needs.
- **Respite Resident Profile** - Collects data for respite residents in the provider’s care during the calendar year, i.e. from Jan. 1 through Dec. 31. Providers are asked to submit information for each resident pertaining to demographics, source of admission and resident needs.
- **Discharged Resident Profile** – Provides information about residents discharged during the calendar year. The items requested include admission date, source of admission, discharge date, discharge disposition, the reason for discharge and the resident’s need for assistance related to their activities of daily living data.

The 2011 ALRPS was administered electronically from March 19 through April 30 2013. All New Jersey licensed assisted living residences (ALRs), comprehensive personal care homes (CPOCHs) and assisted living programs (ALPs) were required to submit their data for the 2012 calendar year.

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<sup>1</sup> State of New Jersey, Department of Health, Assisted Living in New Jersey, What is AL, <http://www.state.nj.us/health/healthfacilities/alinnj/index.shtml#what>

The total number of residents included in the ALRPS since 2008 is as follows:

*ALRPS- 1: Residents included in the NJ Assisted Living Resident Profile Survey*

<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
16,997	20,336	19,538	19,721	20,246

In 2012, 207 out of 215 total assisted living residences, comprehensive personal care homes and assisted living programs responded to the survey. The response rates since the 2008 data collection are as follows:

*ALRPS-2: Response rates from 2008 through 2012*

<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
89%	100%	98%	98%	96%

The number of providers represents those providers that were in operation as of Dec. 31 of each year, except for providers for which the survey was not deemed appropriate (e.g. hospice, recently licensed facilities or programs that had no 2012 data, or facilities or programs considered too small to provide valid data).

## **Methodology**

In 2001, a paper-based ALRPS was originally developed by staff in the DOH, with input from representatives of the assisted living field. It was agreed that the ALRPS would be submitted by providers on an annual basis.

In 2008, the New Jersey Hospital Association (NJHA), under the direction of DOH (formerly the Department of Health and Senior Services), developed a Web-based ALRPS system. The system was developed in partnership with the Health Care Association of New Jersey (HCANJ) and LeadingAge New Jersey, formerly the

New Jersey Association of Homes and Services for the Aging. Beginning with the survey for 2008, the only means of ALRPS data submission was through the Web-based system. From 2001 to 2010, data collected by DOH surveyors via the On-Site Data Collection Survey was included in the ALRPS final report. However, system enhancements implemented in 2011 allowed for the data traditionally collected via the On-Site Data Collection Survey to be included in the online ALRPS.

To register for the online system, New Jersey licensed ALRs, CPCHs and ALPs completed an enrollment form at <https://www.njalsurvey.com/default.aspx>. Once enrolled, providers received a username and password which allowed them to enter their ALRPS data when the online survey window was opened by DOH (March 19, 2013 to April 30, 2013). The form is also used by providers to communicate changes in registered information.

Beginning in January 2013, emails were sent asking registered providers to confirm their information as listed in the system; any changes were to be communicated by email to the ALRPS mailbox at [alsurvey@njha.com](mailto:alsurvey@njha.com). A training webinar was also held, and made available via recording, to give providers a basic tutorial on how to use the system; it also introduced the system's enhanced features which included the ADL data for discharged residents for the new year's survey.

## **Purpose**

The purpose of the ALRPS is to identify characteristics of assisted living residents and providers. Data collected via the ALRPS may be used to determine whether assisted living is meeting its goal of promoting "aging in place." The information is used by DOH and the provider community to better understand the state of the

industry. This final report may be used by administrators to compare their own facilities and programs to the statewide average for the indicators noted below.

The ALRPS collects the following provider characteristics:

- 1) Administrator credentials
- 2) Alzheimer's services
- 3) Special services
- 4) Medicaid participation
- 5) Staffing information
- 6) Certified medication aide (CMA) program information
- 7) Census

The following data is collected to develop the resident profile:

- 1) Age and gender
- 2) Medicaid status
- 3) Respite status
- 4) Admission source
- 5) Discharge destination
- 6) Length of stay (LOS)
- 7) Need for assistance with activities of daily living (ADLs)
- 8) Medication administration
- 9) Cognitive status
- 10) Resident contractual information

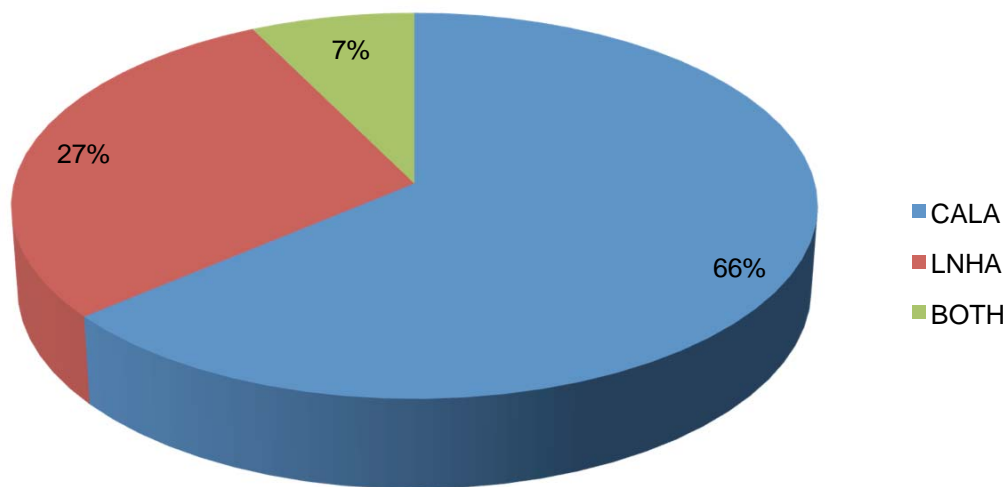
## Data Analysis

### *Facility Characteristics Profile*

#### 1. Administrator Credentials

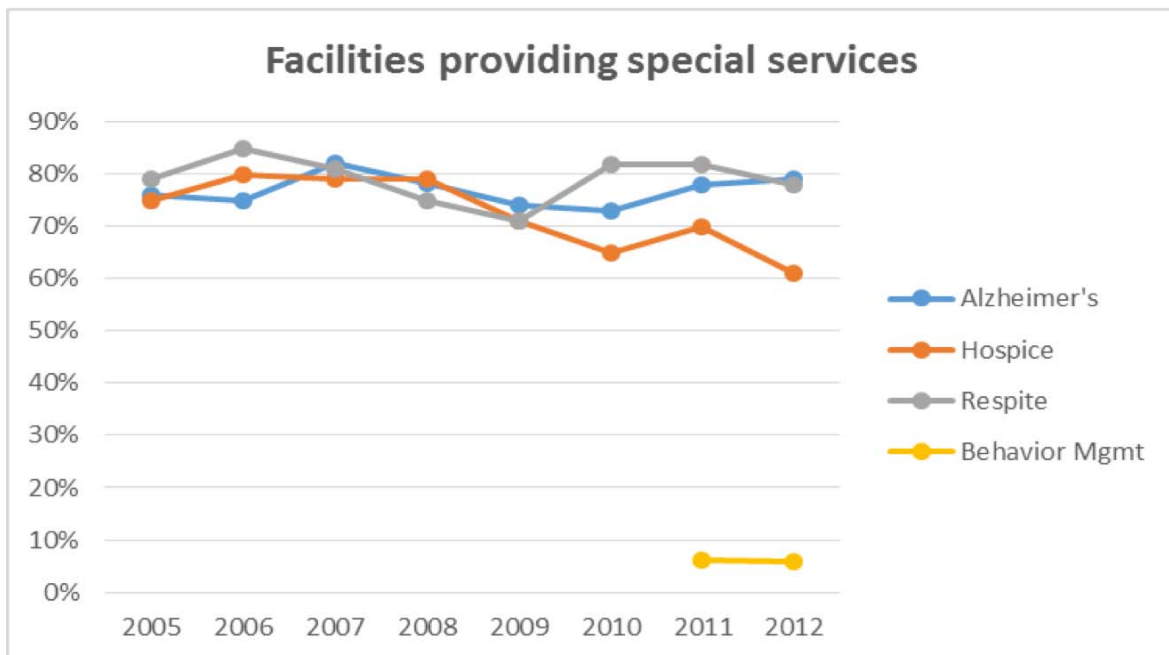
In 2012, a total of 161 administrators responded to the question related to their credentials. Of these, 106 administrators reported their credential to be certified assisted living administrator (CALA) only; 43 reported their credential to be licensed nursing home administrator (LNHA) only; 12 administrators reported their credentials to be both CALA and LNHA. These numbers were virtually identical to those reported in 2010.

#### **2012: Distribution of administrator credentials by type**

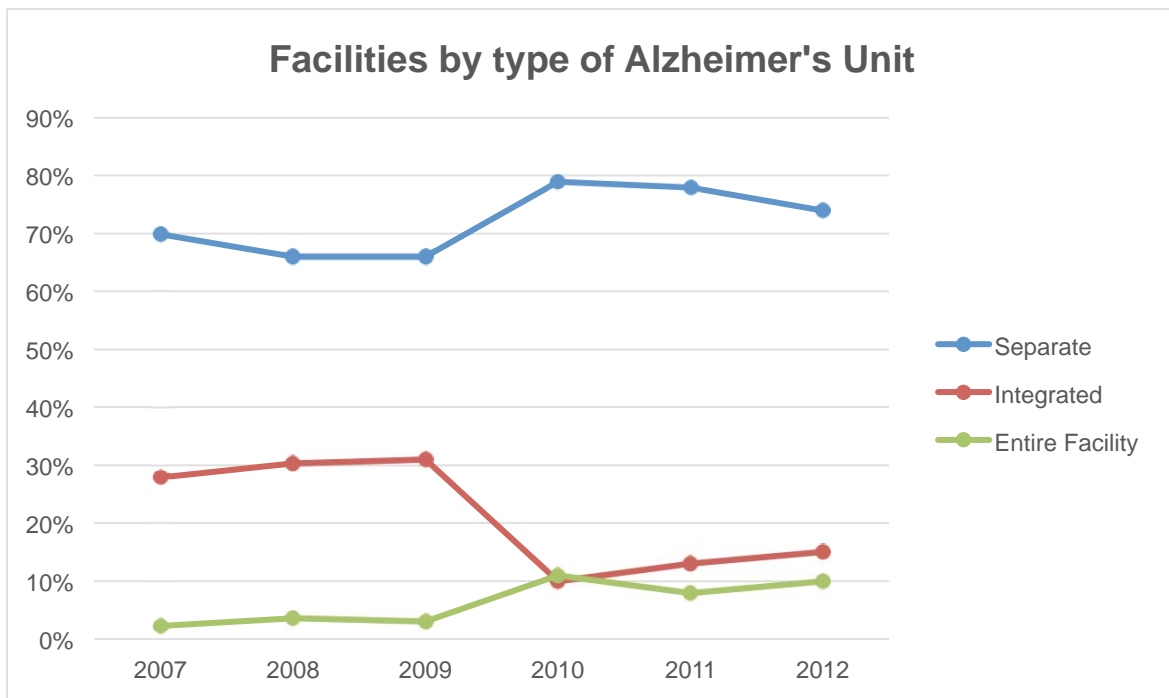


## 2. Special Services

In 2012, 177 of 207 (86%) respondents reported providing special services. Out of 207 respondents to the survey, 78 percent provide respite, 61 percent provide hospice, 79 percent provide Alzheimer's services and nearly 6 percent offer behavior management services.







### 3. Staffing

In 2012, the average number of full-time employees (FTEs) in assisted living, excluding ALPs, was 52, slightly more than the 51 reported in 2011 and the same as reported in the 2010 survey. The average number of FTEs in assisted living programs was 16 in 2012 compared to 9 in 2011, and 13 in 2010.

### 4. Certified Medication Aide (CMA) Program Information

In 2012, 71 percent reported having an active CMA program and 25 percent had an in-house training CMA program, virtually the same as in 2011 and 2010.

## **Resident Characteristics Profile**

### **Permanent Residents Currently Living in Assisted Living**

The total number of permanent residents included in the 2012 survey was 14,703, compared to 14,619 in 2011 and 14,449 in 2010. In 2012 there were 88 respite residents in-house on Dec. 31, compared to 75 in 2011 and 2010, a 17 percent increase. Data describing the respite residents appears later in this report.

### **Resident Age and Gender**

Resident ages are categorized as follows:

69 years or younger (includes residents with reported ages between 18 and 69 years of age)

70 to 74 years

75 to 79 years

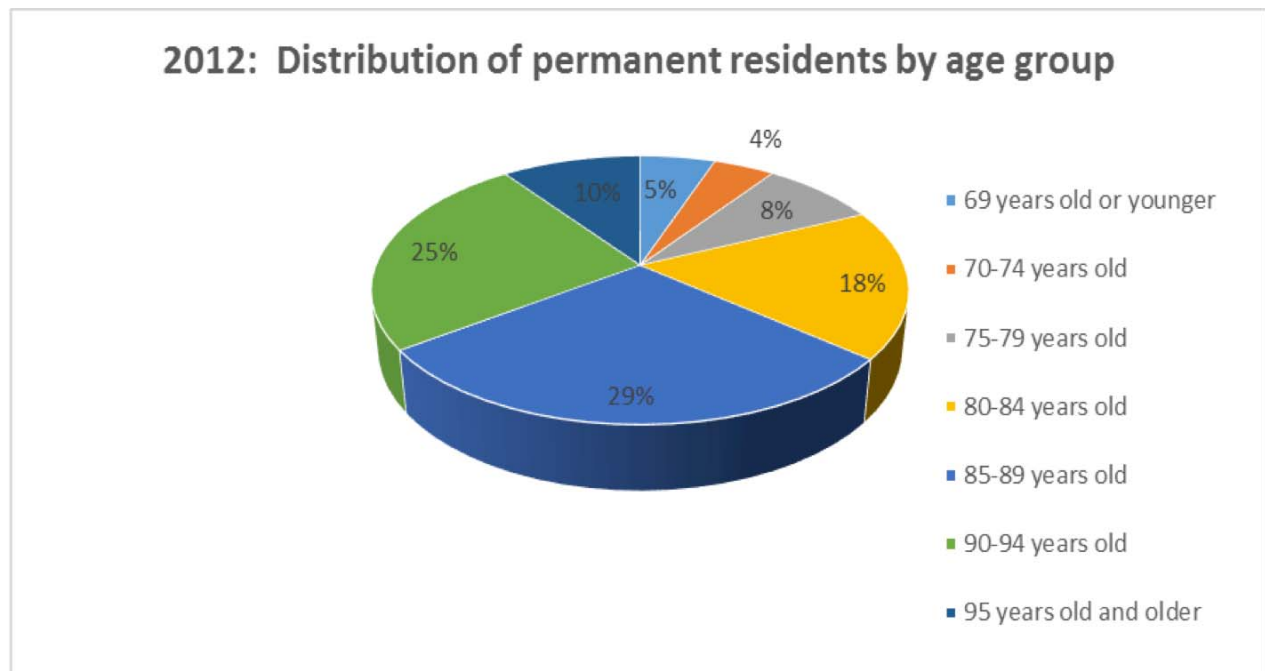
80 to 84 years

85 to 89 years

90 to 94 years

95 years and older

The mean resident age for permanent (non-respite) residents in 2012 was 85, the same as in 2011 and 2010. As in previous years, most residents were between 80 and 94 years of age. In 2012, as in 2011, 72 percent of all permanent residents fell within this age range. Another 10 percent were older than 95. The youngest resident was 22 years old.

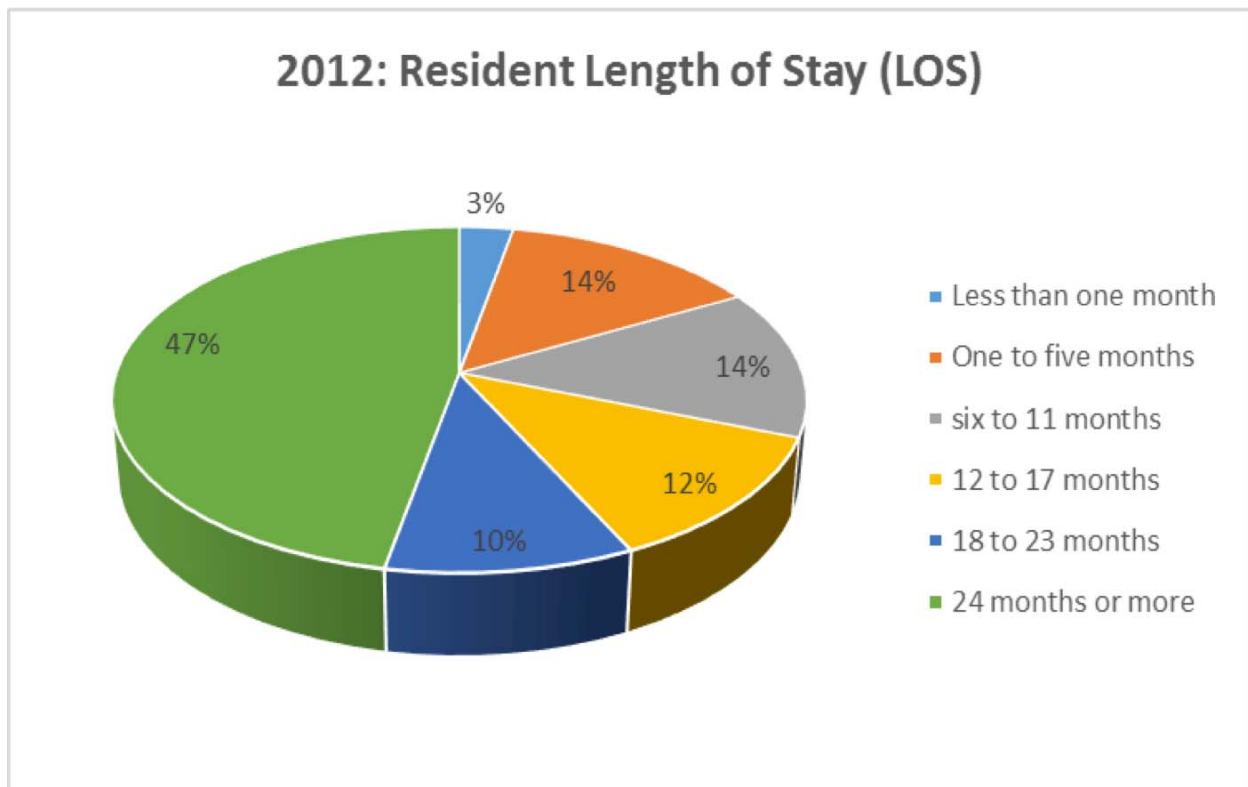


In 2012, 75 percent of permanent residents were female and 25 percent were male. These percentages are consistent with data collected for calendar years 2011 and 2010.

### ***Resident Length of Stay (LOS)***

Resident LOS is measured as follows:

- a) Less than one month
- b) One to five months
- c) Six to 11 months
- d) 12 to 17 months
- e) 18 to 23 months
- f) 24 months or more



In 2012, the mean LOS for permanent residents was 31 months, which was slightly higher than in 2011 when it was 30 months and 2010 when it was 29 months. As the table that follows shows, the mean LOS has almost doubled in the last 5 years, which speaks to the process of aging in place in assisted living.

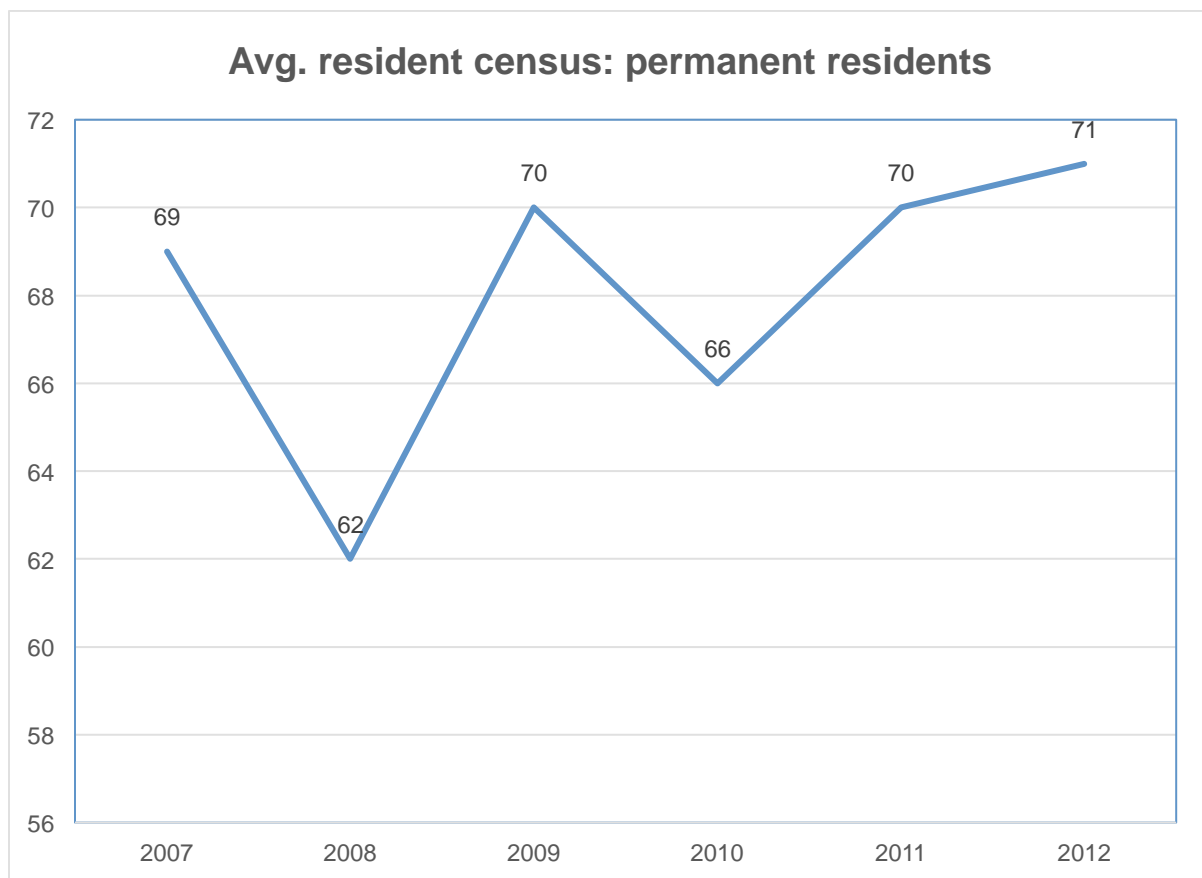
*ALRPS-10: Mean LOS in months from 2008 through 2012*

	Mean LOS in Months				
	2008	2009	2010	2011	2012
<b>Permanent residents</b>	16	25	29	30	31

In 2012, 7.3 percent of residents (1,070) were living in an ALR or CPCH with their spouse. In 2011, this figure was slightly higher (1083 or 7.4 percent) and in 2010 it was slightly lower with 1,062 (7.3 percent) residents living in the facility with their spouse.

***Average Resident Census per Facility***

The average number of permanent residents per facility was 71 for 2012 compared with 70 for 2011 and 69 in 2010.



### ***Medicaid Status***

In 2012, 86 percent of facilities reported participating in the Medicaid program, compared to 82 percent in 2011 and 79 percent in 2010.

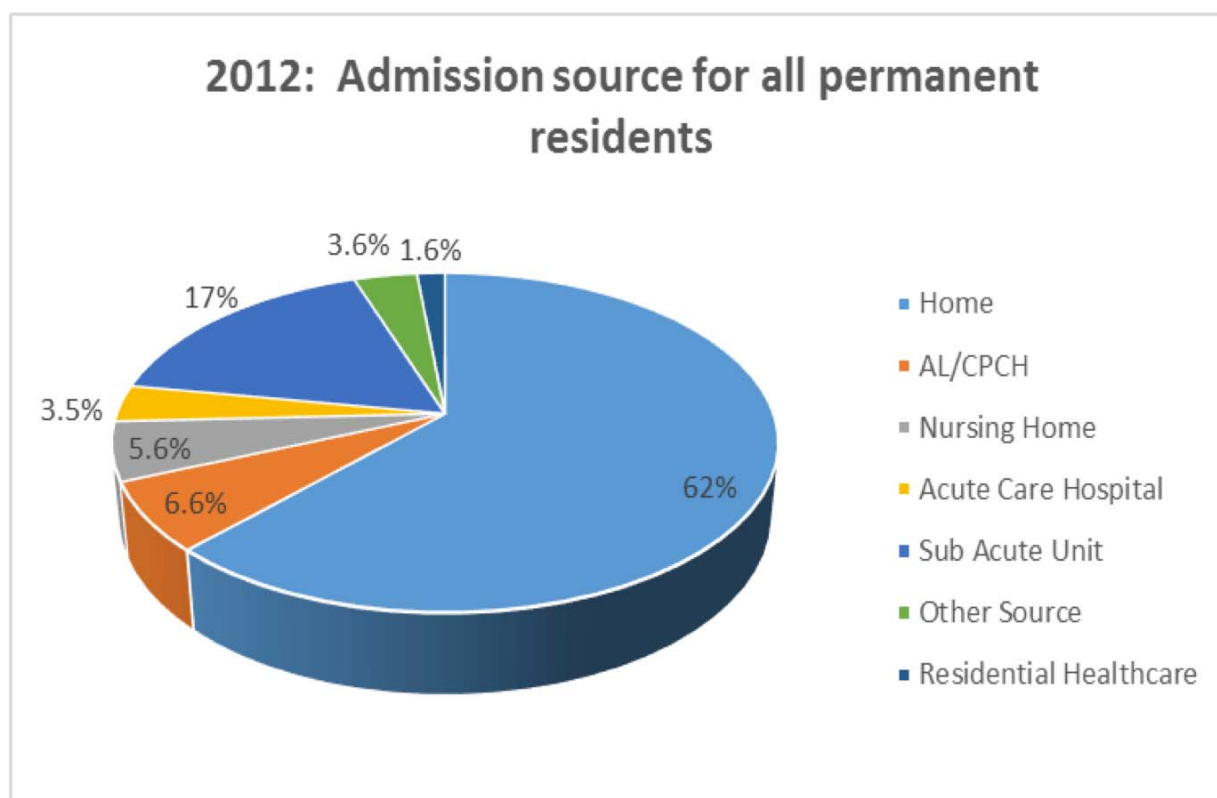
In addition, 20 percent of permanent residents were covered by Medicaid in 2012, compared to 21 percent in 2011, and 21.3 percent in 2010. In 2009 this figure was 17 percent.

### ***Resident Contractual Information***

The percentage of residents with a health service plan in 2012 was 39 percent. This was lower than in 2011, when it was 43 percent, but the same as in 2010.

### ***Admission & Discharge Destinations***

As demonstrated by the pie chart below, as in 2011, the majority (62 percent) of permanent residents were admitted to assisted living from home, followed by 17 percent from a sub-acute unit. All the percentages were consistent with data from 2011 and 2010.



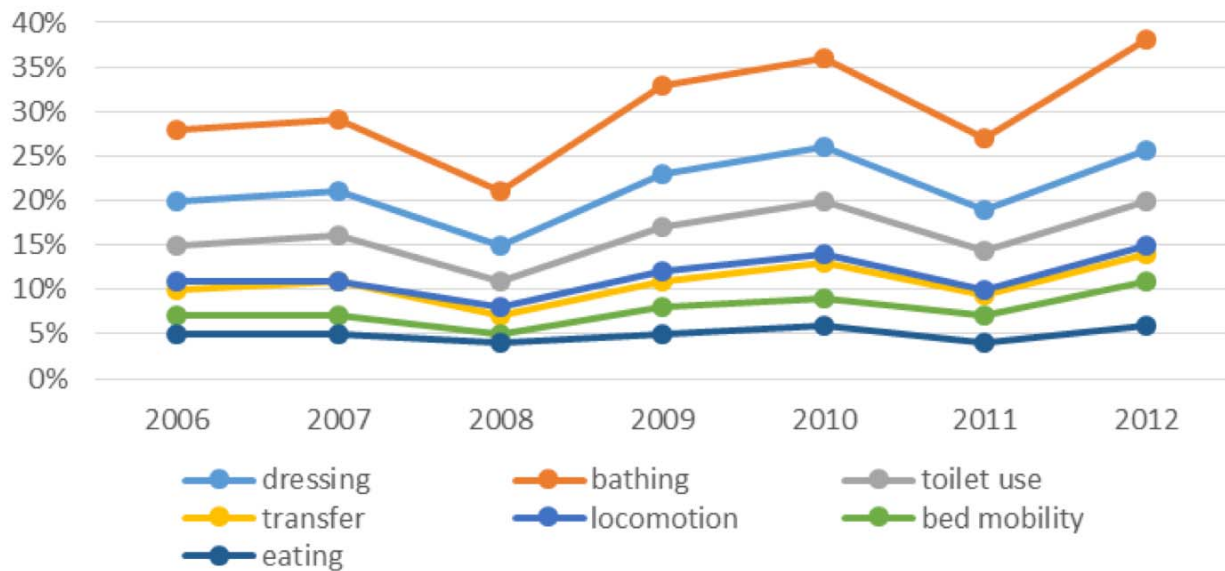
### ***ADL Needs***

As shown below, in 2012 nine percent of permanent residents required no assistance with their activities of daily living. Approximately 8 percent required assistance with one ADL and 10 percent required assistance with two ADLs. These figures were consistent with last year's data. Approximately 11 percent required assistance with three ADLs, and 63 percent required assistance with four or more.

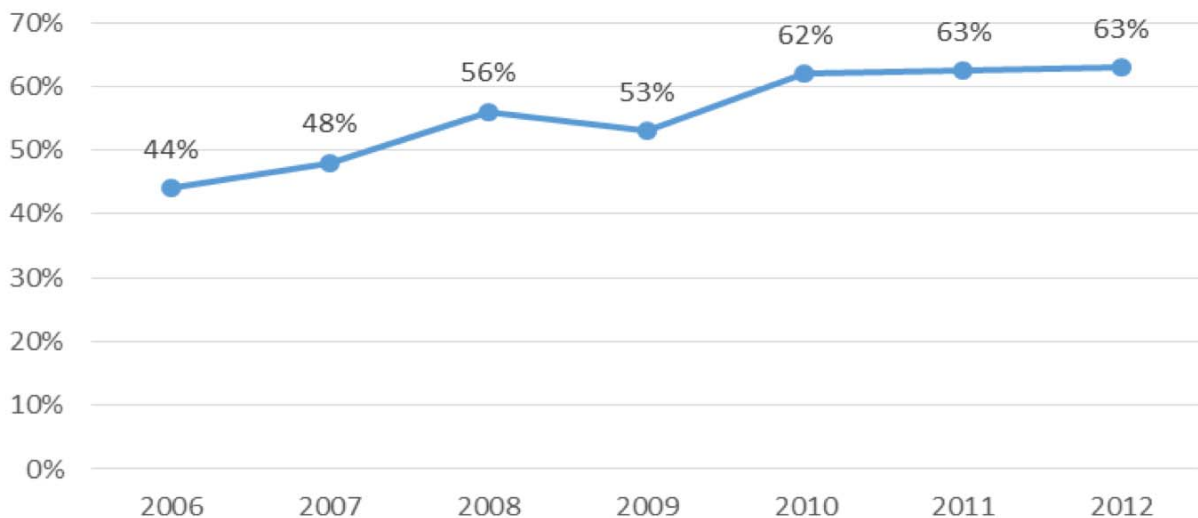
*Percent of permanent residents' independent and requiring assistance with one or more ADLs in 2009, 2010, 2011 & 2012*

	<b>Independent</b>	<b>1 ADL</b>	<b>2 ADLs</b>	<b>3 ADLs</b>	<b>4 or More ADLs</b>
2009	18%	9%	9%	11%	53%
2010	9%	9%	10%	10%	62%
2011	9%	8%	10%	10%	63%
2012	9%	8%	10%	11%	63%

### Residents requiring TOTAL assistance with ADLs: permanent residents



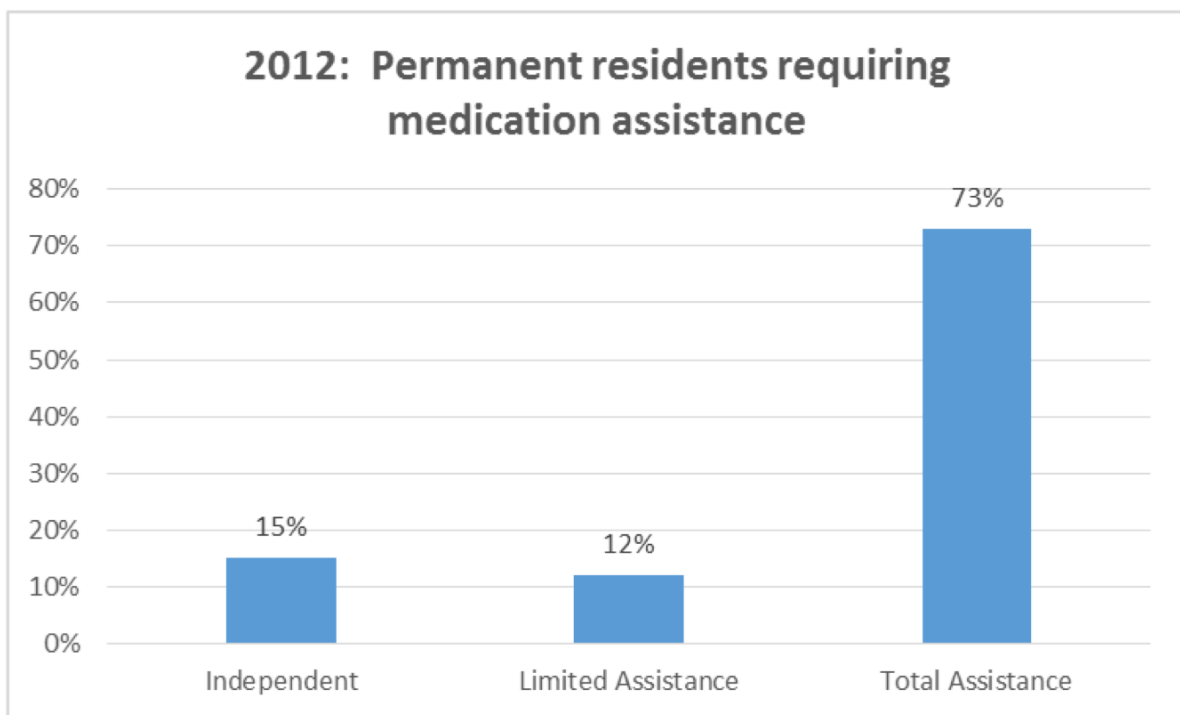
### Requiring assistance with 4 or more ADLs: permanent residents



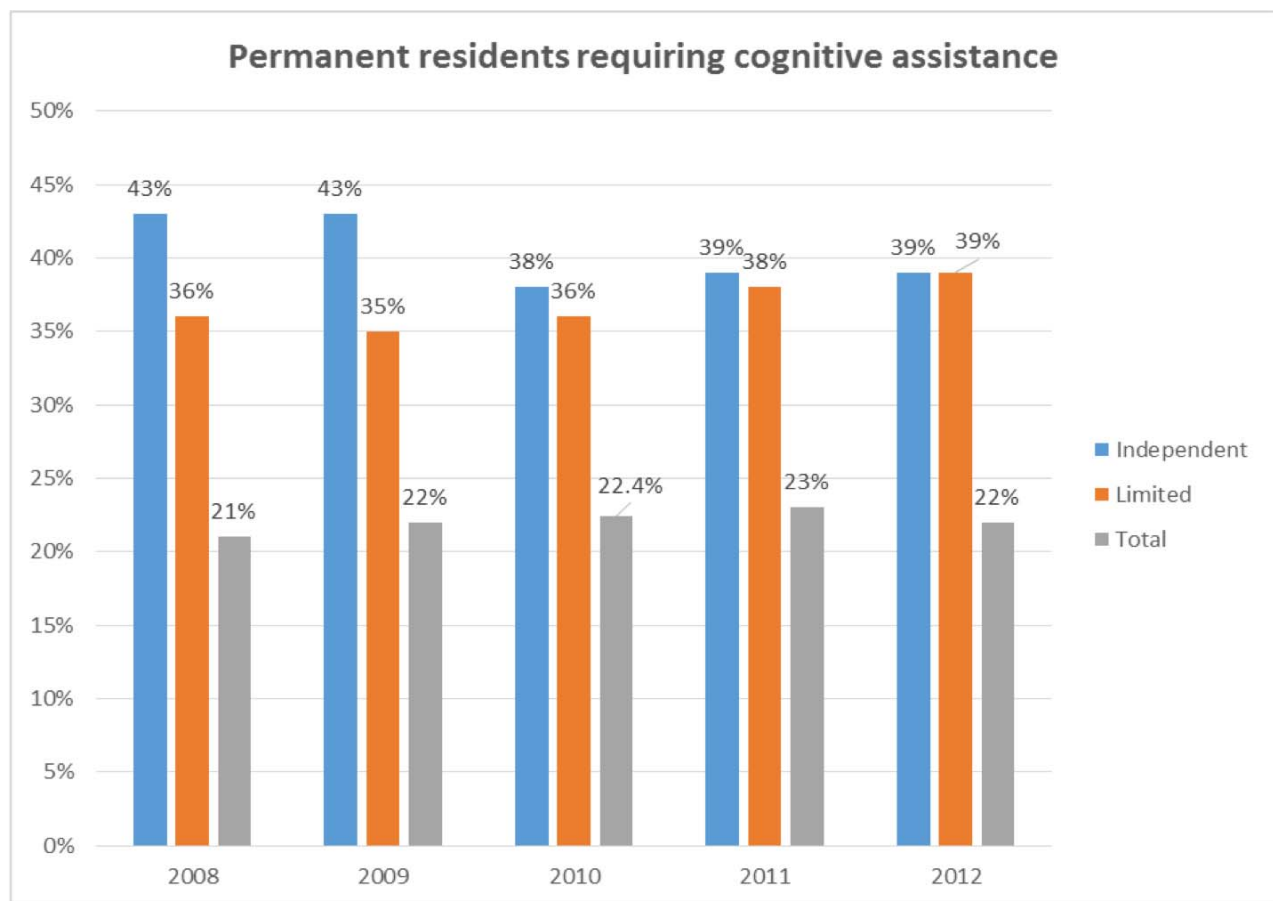


### ***Other Needs***

Fifteen percent of permanent residents were independent in medication administration in 2012, the same as 2011 and 2010, while 12 percent required limited assistance with medication administration in 2012, an increase from last year's 10 percent and 7.3 percent in 2010. Seventy-three percent required total assistance in 2012, down slightly from 74 percent in 2011 and 2010.

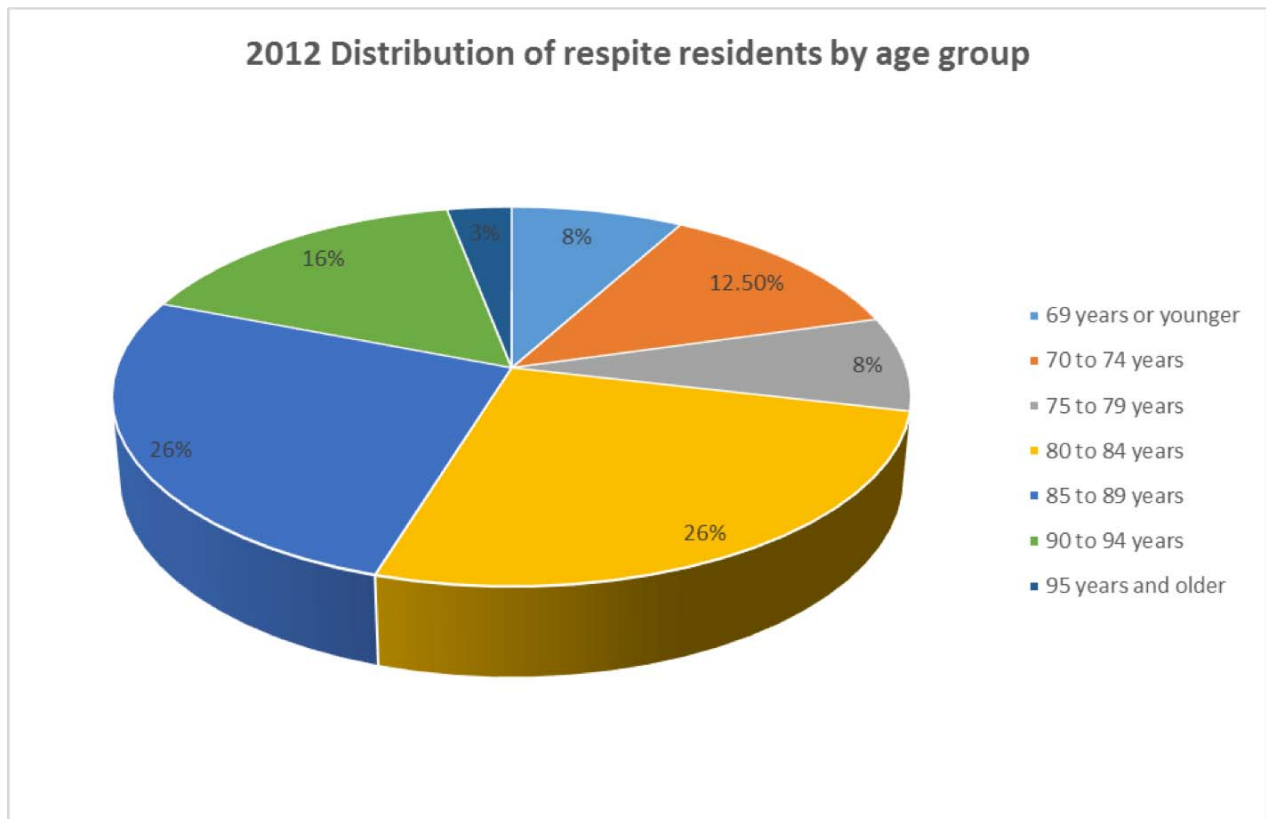


As shown below, 39 percent of permanent residents were cognitively independent in 2012, the same as in 2011. Thirty-nine percent required limited cognitive assistance compared to thirty-eight percent in 2011, and 36 percent in 2010. Twenty-two percent required total cognitive assistance in 2012, compared to 23 percent required in 2011 and 22.4 percent in 2010.



### **Respite Residents in Assisted Living in 2012**

The mean respite resident age in 2012 was 82, compared to 83 in 2011 and 84 in 2010.



In 2012, 67 percent of respite residents were female and 33 percent were male. This is consistent with 2011 and 2010.

In 2012, the mean LOS for in-house respite residents was 69 days (2.3 months), compared to 82 days (2.7 months) in 2011 and 64 days (2.1 months) in 2010.

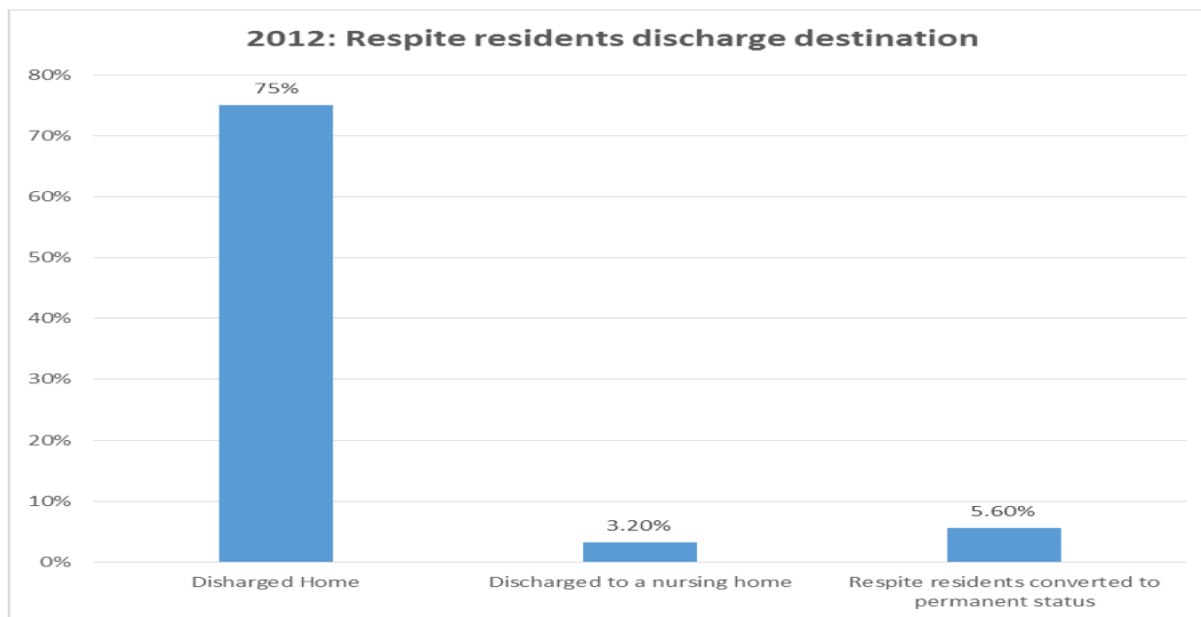
For discharged respite residents, the mean length of stay in 2012 was just over 1 month (35 days), compared to 2011 when it was just under 1 month (28 days).

Finally, the percentage of in-house respite residents covered by Medicaid in 2012 was less than 1 percent.

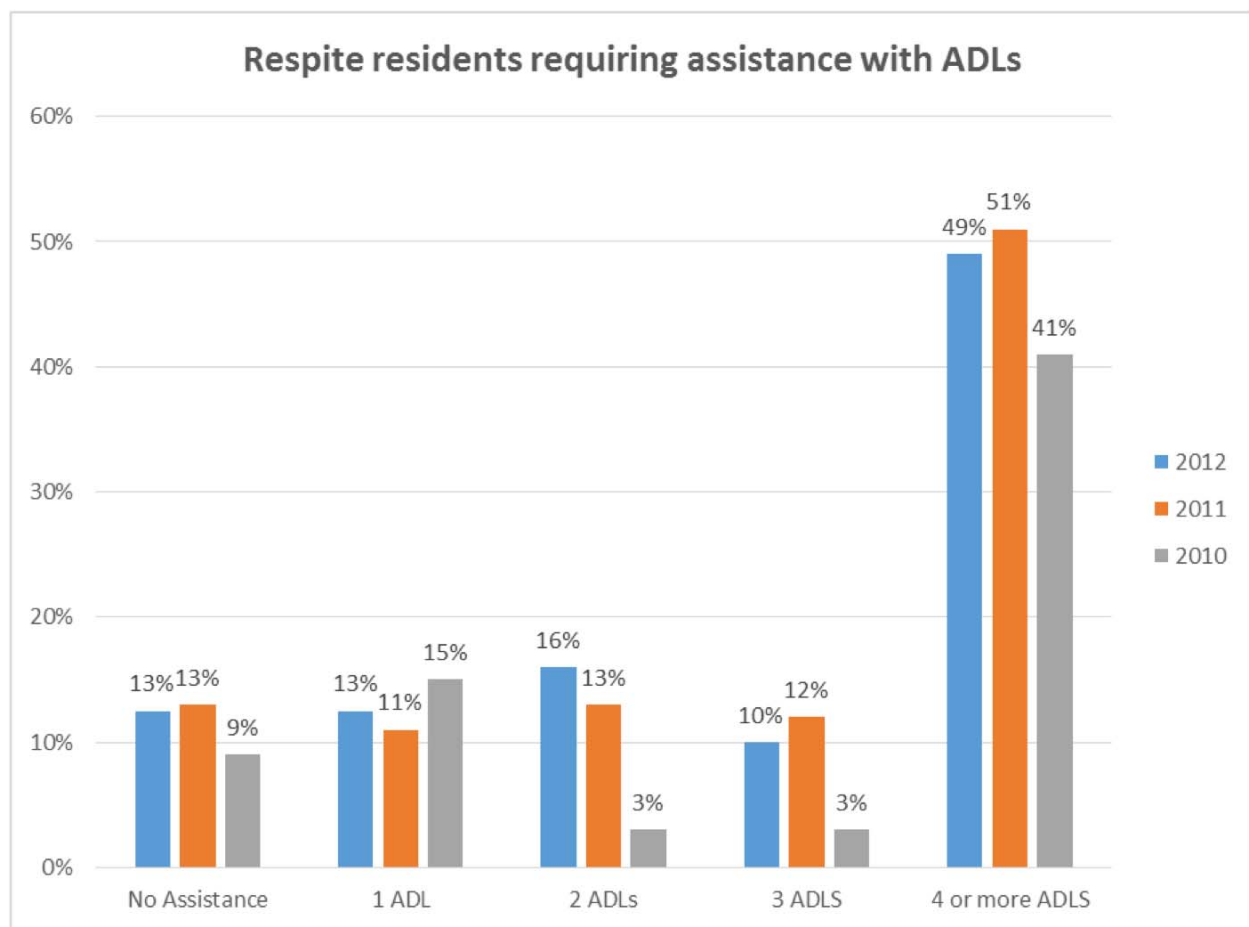
Fifty-four percent of respite residents had a health service plan in 2012, a steep increase from 2011 when it was 37 percent, and 2010 when it was 39 percent.

In 2012, 58 percent of respite residents were admitted from home, compared to 60 percent in 2011 and 62 percent in 2010. Sub-acute units were the next most frequent source of admission for respite residents with 32 percent in 2012, up from 28 percent in 2011.

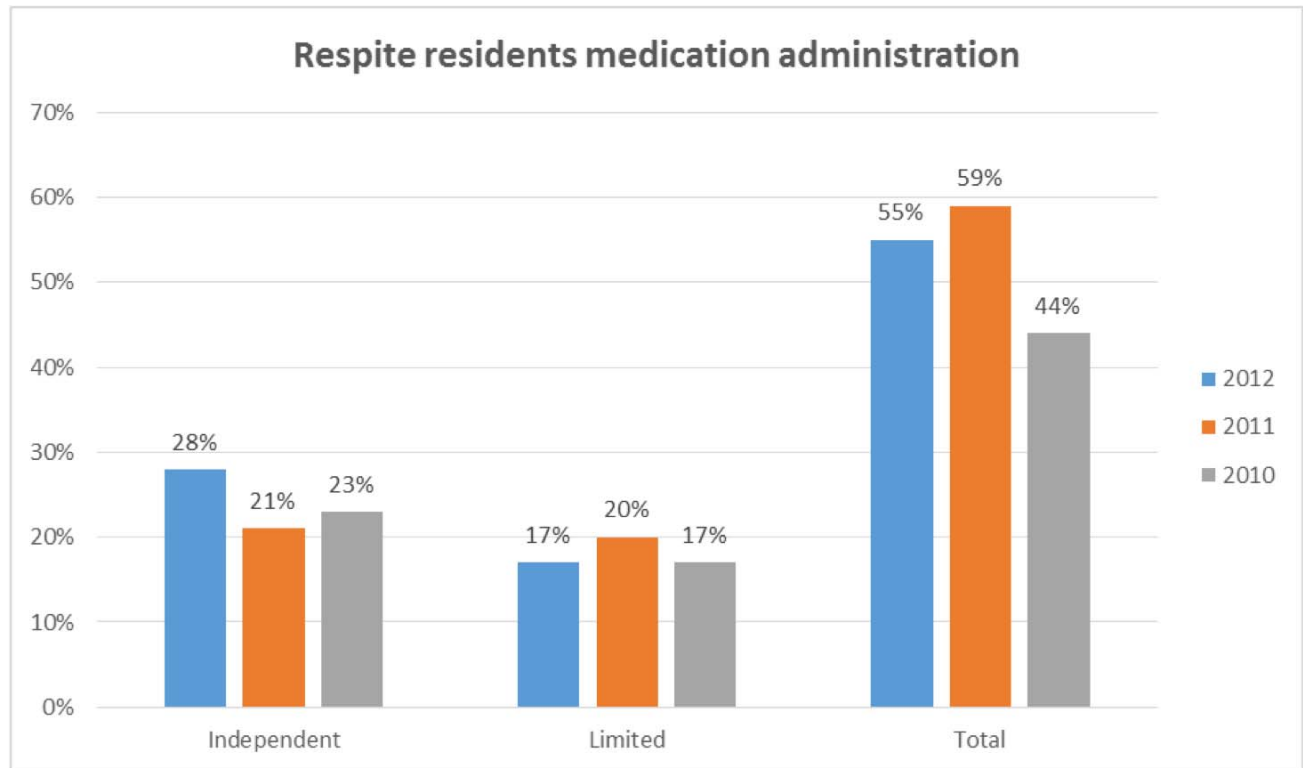
Seventy-five percent of discharged respite residents went home in 2012, compared to 77 percent in 2011, while 3.2 percent of discharged respite residents were discharged to a nursing home in 2012, compared to 3.5 percent in 2011. The survey showed that in 2012 5.6 percent of discharged respite residents converted to permanent status, up from 3.1 percent in 2011, and 3.6 percent in 2010. This increase is occurring after a few years of steady decrease from 7 percent in 2008.



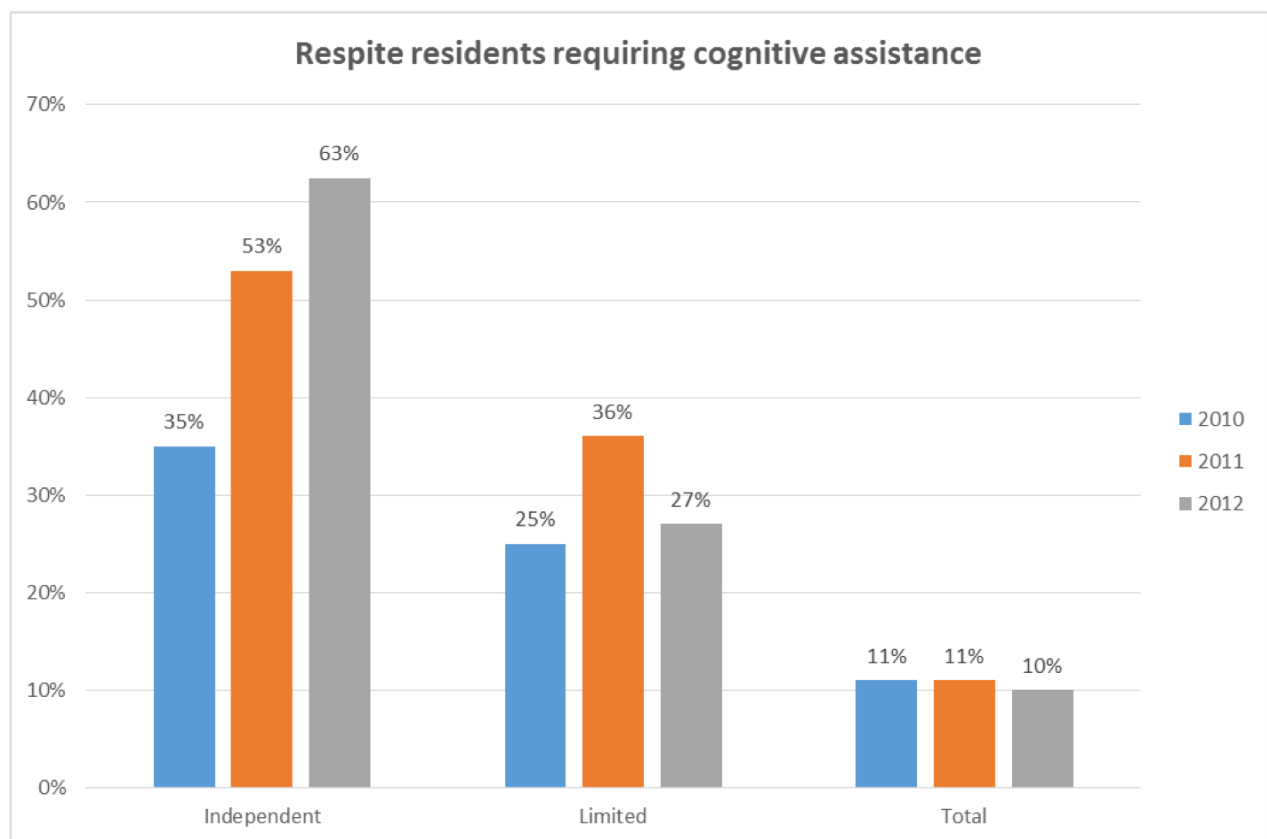
For respite residents who were in-house on Dec. 31, 2011, thirteen percent required no assistance with ADLs. This was the same as in 2011. The percent of in-house respite residents requiring assistance with one ADL was 12.5 percent in 2012, compared with 11 percent in 2011 and 15 percent in 2010. In 2012, 16 percent required assistance with two ADLs compared to 13 percent in 2011. Of the same population, 10 percent required assistance with three ADLs, compared to 12 percent in 2011, and 49 percent required assistance with four or more ADLs.



Twenty-eight percent of respite residents were independent in medication administration in 2012, compared to 21 percent in 2011; 17 percent required limited medication assistance, and 55 percent required total medication assistance. This was consistent with 2011 and continued a markedly different picture from 2010.



Sixty-three percent of respite residents were cognitively independent in 2012, compared to 53 percent in 2011. Twenty-seven percent required limited assistance and 10 percent required total assistance. This represents a shift from 2011 when 36 percent required limited assistance and 11 percent needed total assistance. In 2010, 35 percent were independent, 25 percent required limited assistance and 11 percent needed total assistance – also markedly different from 2011.



### **Residents Discharged from Assisted Living in 2012**

The percentage of discharged residents who were female in 2012 was 71 percent, which was consistent with the last two years. The percentage of discharged residents that were male in 2012 was 29.

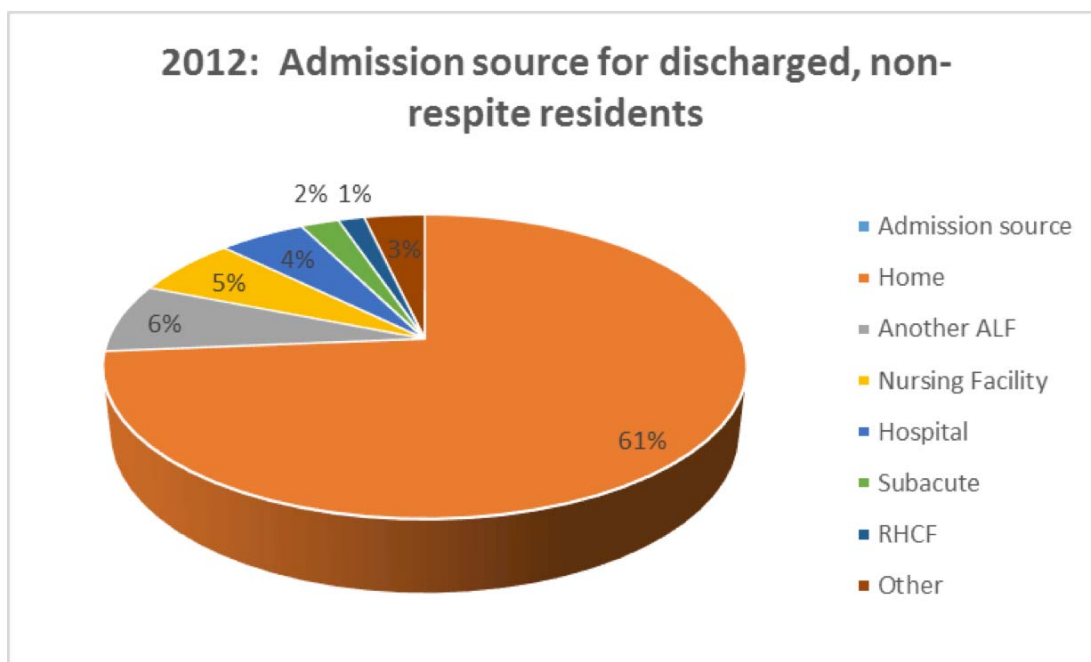
The mean LOS for discharged, non-respite residents was 28 months in 2012, consistent with 2011 and 2010. The mean LOS for this group of residents (discharged non-respite) was 13 months in 2008 and 2009, which means the length of stay has more than doubled over five years.

	<b>Mean LOS</b>				
	2008	2009	2010	2011	2012
<b>Discharged non-respite</b>	13	13	28	27	28

In 2012, of 5,455 residents discharged, 878 were covered by Medicaid, or 16 percent. This is 2.1 percent higher than 2011 when 678 of 5,027 were covered by Medicaid. By comparison, in 2010 out of 5,014 discharged residents, 812 were covered by Medicaid, or 16.2 percent.



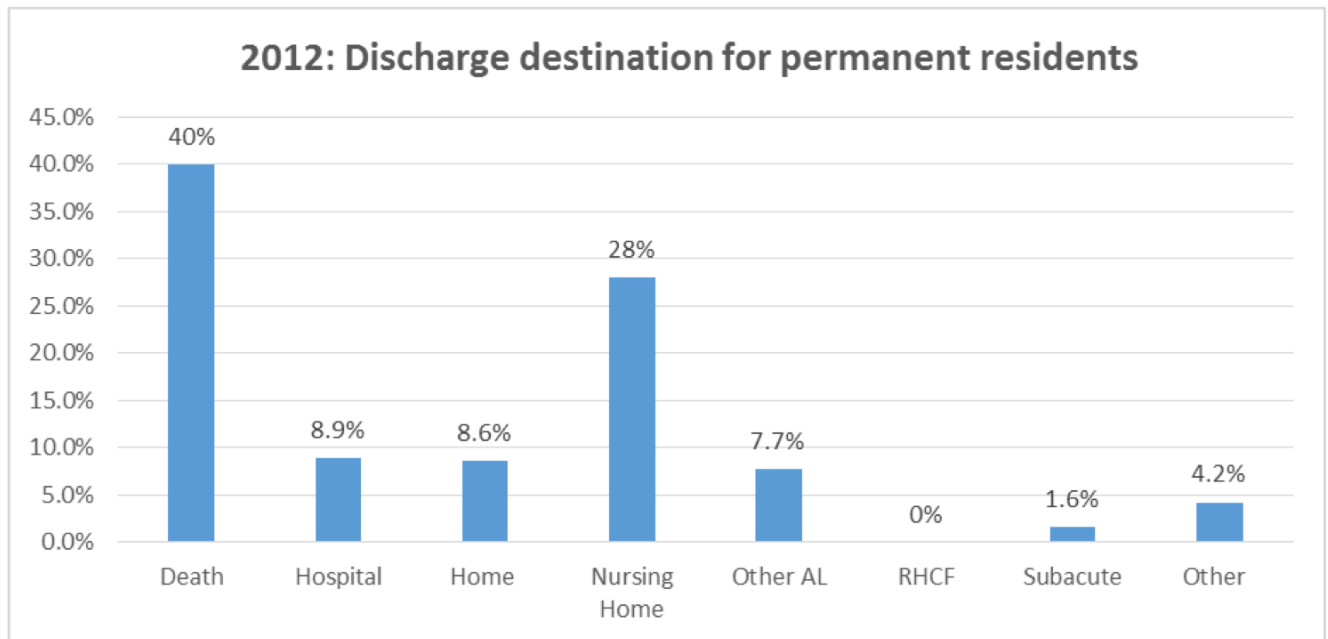
The chart below shows the admission source for discharged, non-respite residents in 2012.



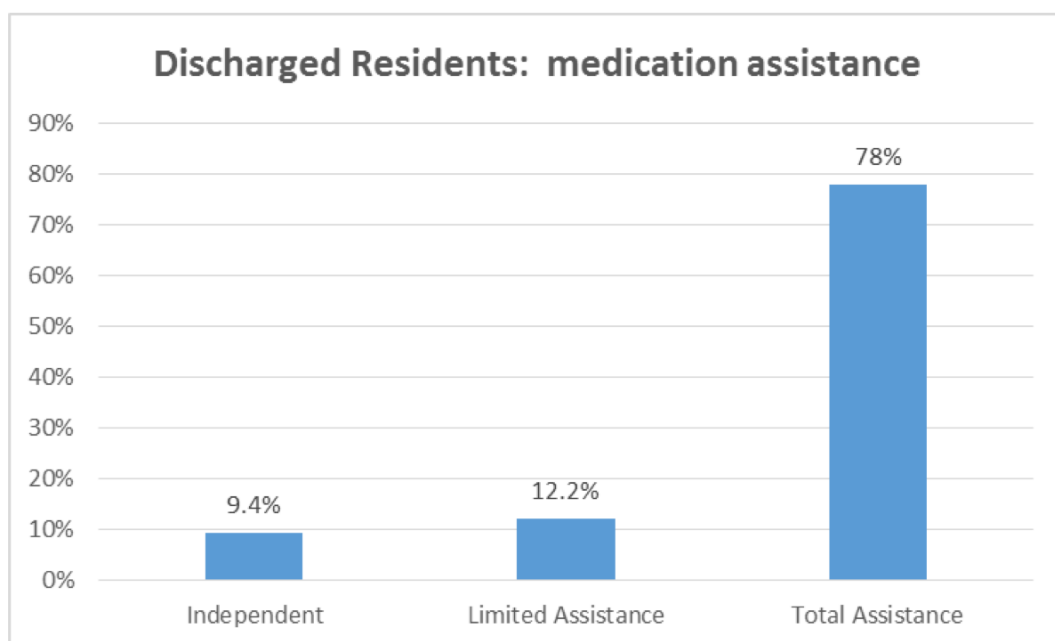
### ***Discharged Residents Destination***

Consistent with data reported since 2006, the top two discharge categories for residents were death (35 percent in 2012, 37 percent in 2011 and 36 percent in 2010) and nursing home (24 percent in 2012, 29 percent in 2011 and 30 percent in 2010). This data continues to suggest the increasing medical frailty of the residents served by the state's ALRs and CPCHs, as well as the ability of assisted living facilities to fulfill the goal of having residents age in place.

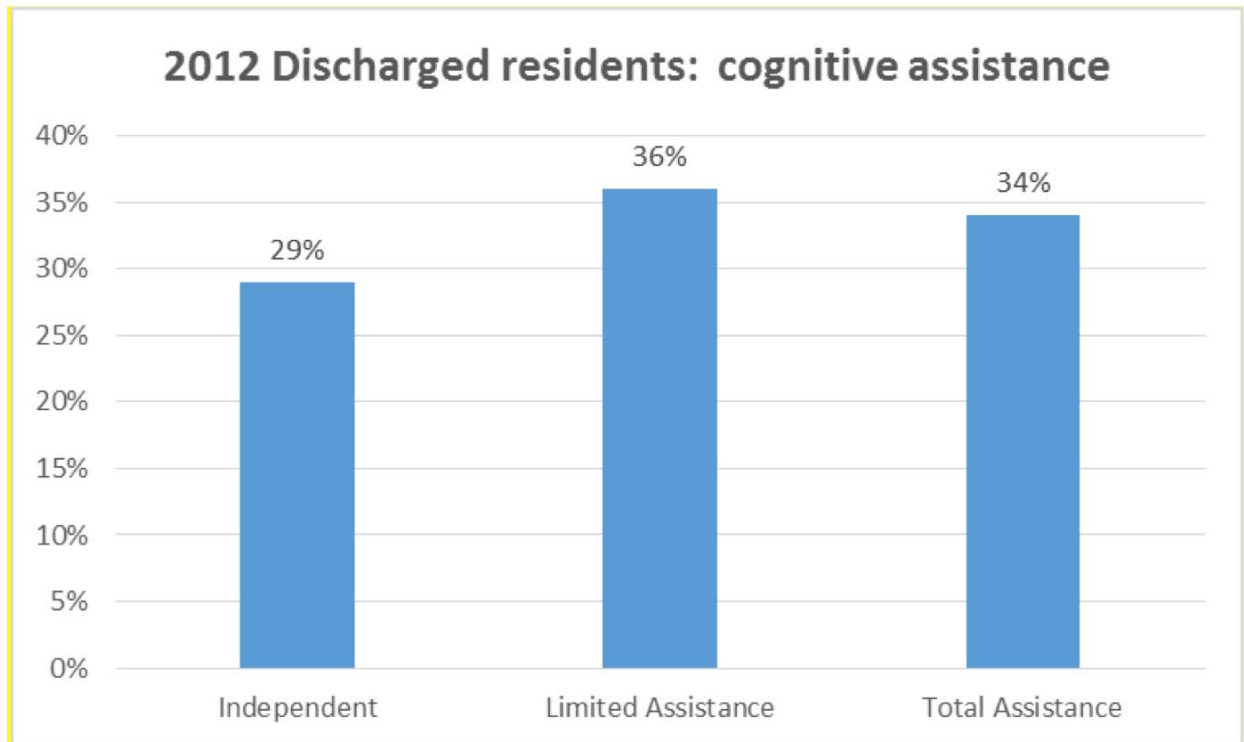
When examining the discharged residents discharged to facilities it is clear that most of the residents were discharged to nursing homes (24 percent) followed by acute care hospitals (8 percent) and AL/CPCH facilities (7 percent). These percentages are down from 2011 when 29 percent were discharged to nursing homes, 11.3 percent to hospitals and 9 percent to another AL/CPCH.



The percentage of discharged residents independent with medication administration was 9.4 percent in 2012. The percentage of discharged residents requiring limited medication administration assistance this year was 12.2 percent, up from 9.2 percent in 2011, and the percentage of discharged residents requiring total medication administration assistance was 78 percent.



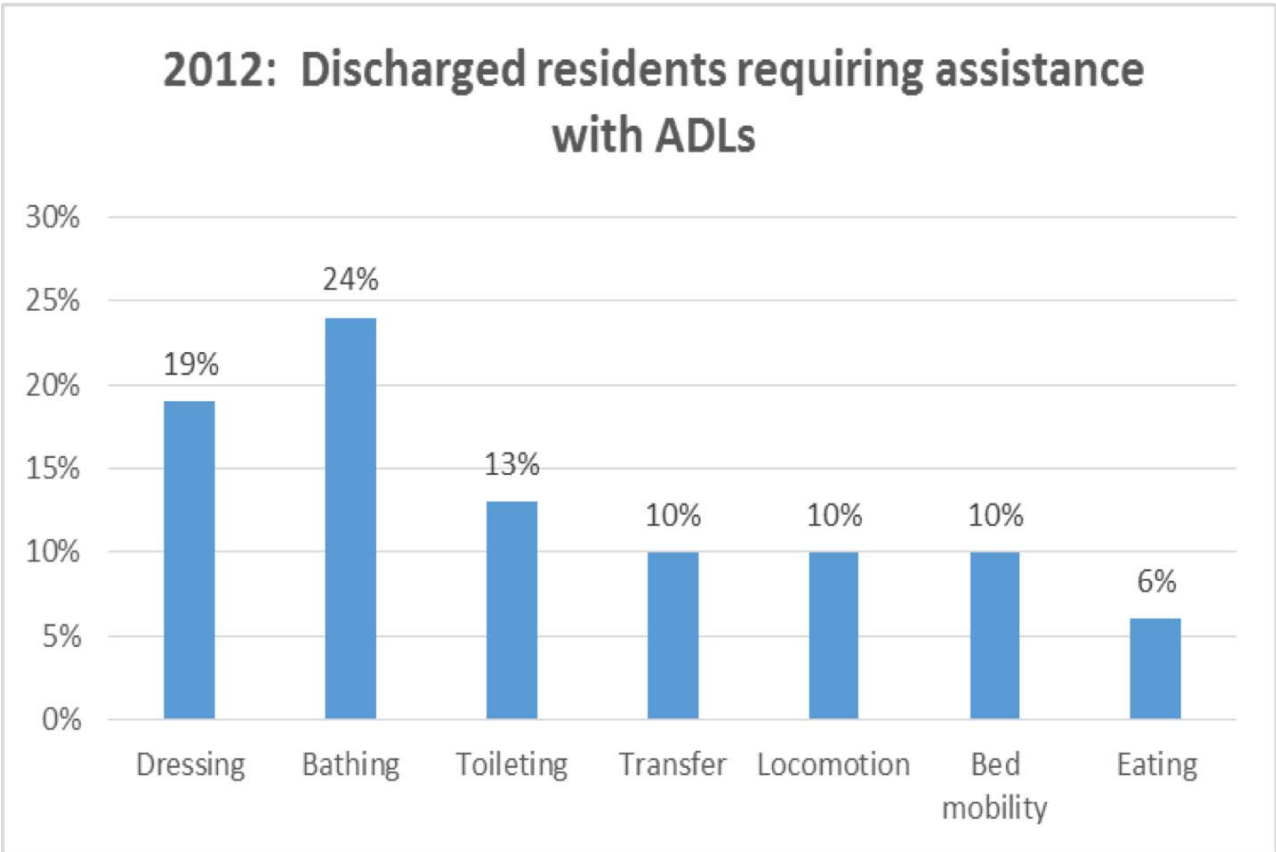
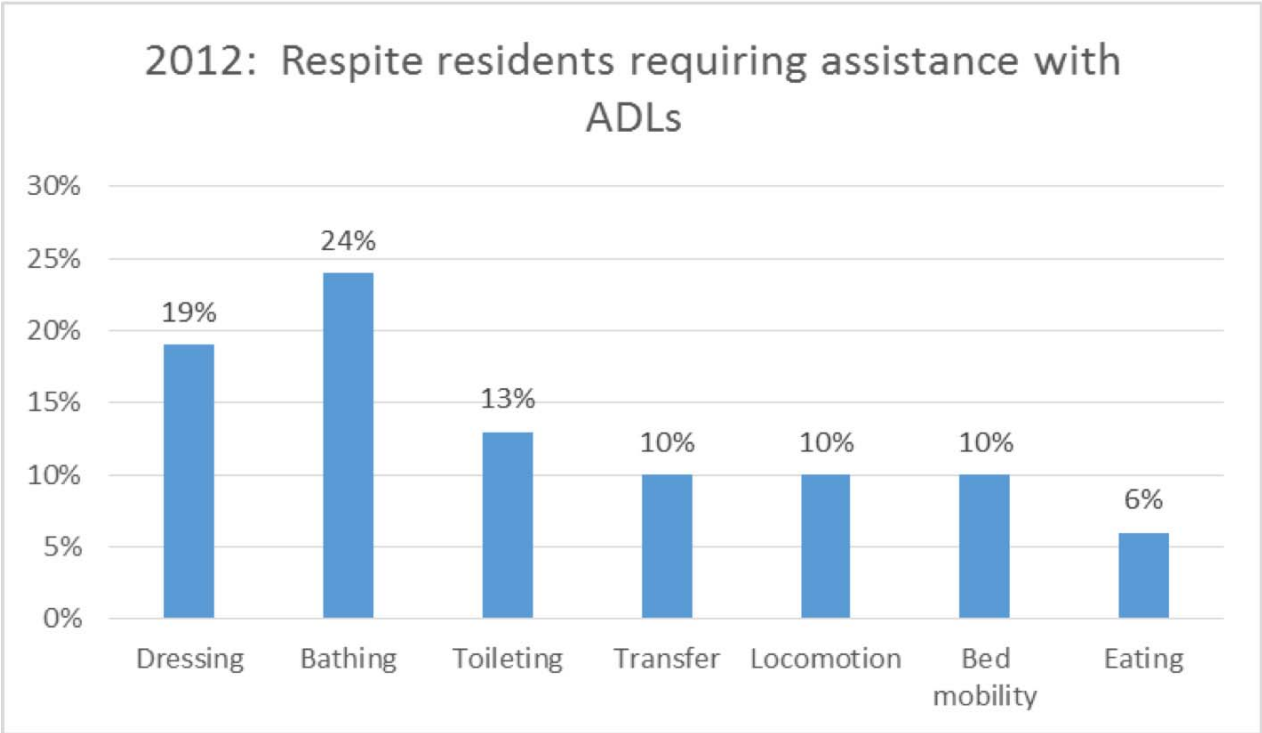
The percentage of discharged residents who were cognitively independent was 29 percent. The percentage requiring limited cognitive assistance was 36 percent. The percentage of discharged residents requiring total assistance was 34 percent.

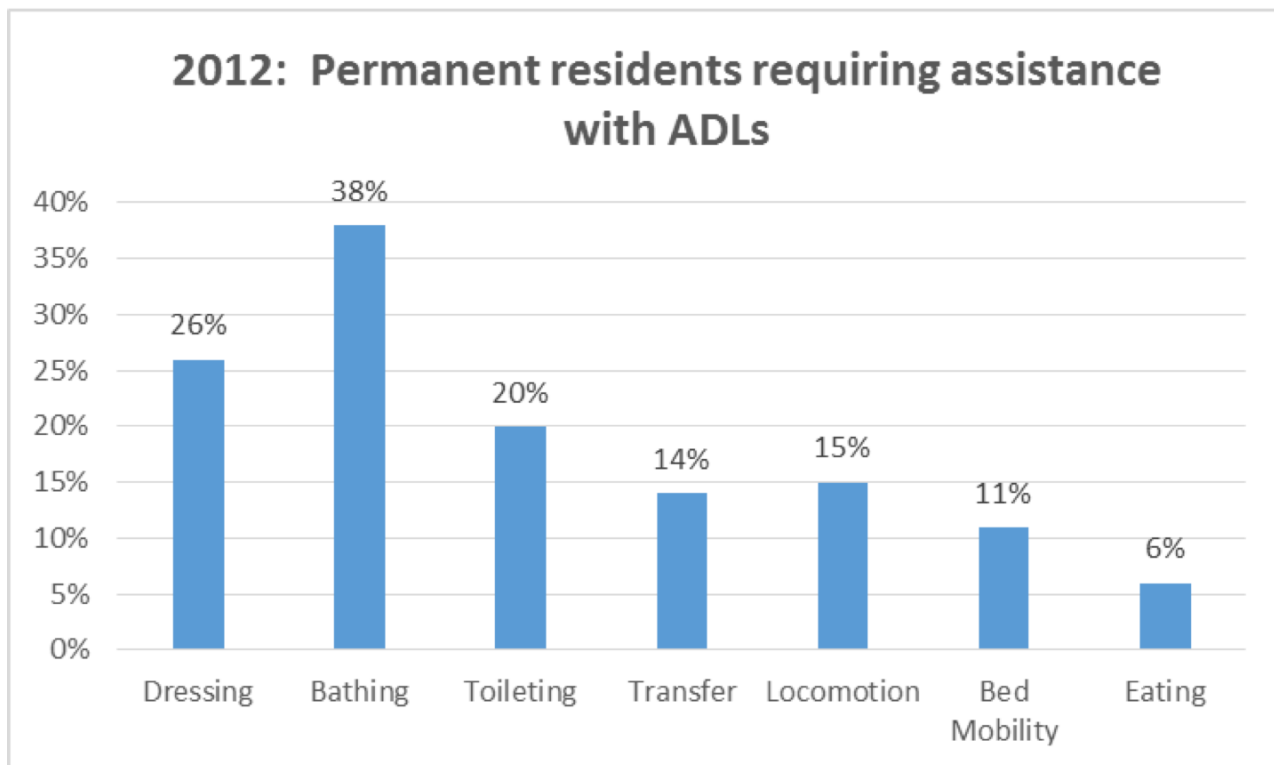


### ***ADLs for Discharged Residents***

The percentage of discharged residents requiring no assistance with ADLs was 5 percent. The percentage of discharged residents requiring assistance with one ADL was 4 percent, while those requiring assistance with two ADLs was 5 percent, three ADLs was 6 percent and four or more ADLs was 80 percent.

Below is a comparison of all three populations in terms of the percentage requiring **total assistance** with ADLs.





Please note: In 2011, the percentage of permanent residents requiring total assistance with bathing was reported as 4 percent. This was an error. In 2011, the actual percentage was 35 percent.